HCSW Mentorship Guide for the Mentor

"A mentor is someone who allows you to see the hope inside yourself."

~ Oprah Winfrey







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Introduction

Welcome Message

We are thrilled to extend a warm welcome to you as a valued mentor for the Health Care Support Workers (HCSWs) starting their professional healthcare journey. Your commitment to guiding and shaping the next generation of healthcare professionals is truly commendable, and we are excited to have you on board.

As a mentor, you play a crucial role in nurturing the skills and knowledge of our aspiring HCSWs. Your wealth of experience and expertise will undoubtedly contribute to the growth and development of those under your guidance.

This manual has been carefully crafted to serve as a comprehensive resource for both you and your mentee(s). Within its pages, you will find essential information, guidelines, and best practices to facilitate a successful mentorship journey. Whether you are a seasoned mentor or new to the role, we believe this manual will serve as a valuable tool to enhance your mentoring experience.

Vancouver Coastal Health is committed to fostering a supportive and collaborative learning environment. We encourage open communication, constructive feedback, and the sharing of insights to create a positive and enriching mentorship dynamic.

Thank you for your dedication to the mentorship program. Your passion for healthcare and commitment to the success of others will undoubtedly make a lasting impact. We appreciate your invaluable contribution and look forward to a successful and rewarding mentorship experience. Together, we can empower the next generation of HCSWs to provide exceptional care and support!

* Please note that throughout this manual the term "Person" will be used in place of "resident," or "client" to emphasize a person-centered approach to care that respects dignity and autonomy.



A: Preparing for Mentorship

Mentor's Role:

A mentor is an experienced guide who shares expertise and advice with a mentee. They support the mentees' growth, serve as a role model, provide feedback, and help navigate challenges. Topics that the mentor will cover and guide the mentee with include the unit orientation, equipment use and safety, person/family centered care, creating a culturally safe environment for staff and the person in care, infection control, and the transition from HCSW to Health Care Assistant (HCA).

Mentee's Role:

A mentee is an individual seeking guidance, learning, and support from someone more experienced. Mentees are usually looking to benefit from the knowledge and experience of a mentor. They actively take part in the mentoring relationship, seek advice, and work towards professional growth with the support of their mentor.

Understanding the Health Care Support Worker Role

HCSWs play a crucial role in the healthcare team, undertaking diverse non-clinical and non-direct responsibilities in a care home environment.

Their main focus is on fostering connections and actively engaging with the Person. They also collaborate as partners with HCAs in the Person's care activities byoffering help and assistance during mealtimes, in addition to the following activities:

- Offering support and assistance with the non-clinical and non-direct aspects of Activities of Daily Living (ADL's)
- Assisting in the setup of supplies and equipment
- Transporting the person to designated areas
- Performing light housekeeping duties
- Restocking supplies

The unit orientation for HCSWs includes introductions to staff, understanding the HCSW roles and responsibilities, and reviewing Vancouver Coastal Health policies. Building trust and connections with the Person living in the home is vital to fostering an environment where they feel comfortable sharing concerns and preferences and creating a supportive atmosphere that respects individual needs.



The Mentorship Process

Our mentorship program connects HCAs with aspiring HCSWs to offer guidance, knowledge, and support.

Why Mentorship with HCAP?

- **Empowerment:** Share your expertise and help HCAP participants develop their skills, knowledge, and confidence.
- **Professional Growth:** Mentoring is a rewarding experience that allows you to expand your leadership skills.
- **Better Person-Centered Care:** By mentoring the next generation, you contribute to the quality of healthcare in your care home.
- Career Fulfillment: Enjoy a sense of purpose and accomplishment as you contribute to the success of others.

Key Mentor Responsibilities

- Onboarding Session: Get acquainted with the mentorship program.
- Empowerment Sessions: Share your knowledge and experience.
- Supportive Guidance: Offer assistance during the participants' journey.
- Evaluation: Contribute to the development and success of HCAP participants.



Check-in points

Check-in points between a mentor and a mentee are crucial for maintaining effective communication and ensuring that the mentoring relationship is on track. These check-ins provide an opportunity to discuss progress, address concerns, and set new goals. Some check-ins may be formal in-person check-ins like buddy shifts, and others may be more informal and done via text or email.

You will guide HCSWs throughout their journey, from the initial stages of employment to shortly after their graduation and the commencement of their return of service. The check-ins for the mentee will be strategically timed, including the following key points as outlined in the table below:

- 1. At the onset of the mentee's role as a HCSW in the care home.
- 2. Two check-ins during their academic training at school.
- 3. Two added check-ins within the initial two weeks of embarking on the mentee's Return of Service.
- 4. A singular check-in at the three-month milestone, followed by a comprehensive final evaluation, provided by UBC researchers, at the four-month juncture of the Return of Service.

First Week Schedule

The first week schedule provides clarity on what HCSWs will be doing prior to their buddy shifts. During their first week, they will undergo online orientation, food safety training, as well as first aid and violence prevention sessions. The subsequent week will see them on-site for an orientation session (this is when you will meet with your mentee), followed by five buddy shifts. While we recommend at least one buddy shift with their mentor, this may vary depending on the site. After completing these shifts, they will transition into their work rotation, marking the start of regular check-ins.



B. Foundations for Peer Mentorship

When you are helping your mentee, it might feel like there is not enough time, and you want to start right away. However, investing a bit of time in preparation can yield significant benefits. The following outlines key points to cover with your mentee during initial meetings, contributing to the establishment of a trusting relationship.

Your First Meeting:

Make sure to share your contact details so you can stay in touch when needed. It is also a good opportunity to discuss your availability and how quickly you typically respond to emails or texts. This is a good time to set boundaries.

Let them know:

- Share some brief and appropriate personal information, such as your work experience and a little bit about yourself.
- Express understanding of the challenges of being a mentee and working in a new environment.
- Clearly explain your role as a mentor, including the check-in points and duration of the mentorship
- Outline your expectations for the mentorship experience:
 - Emphasize that it is an active learning experience requiring their active participation.
 - Assure them that it will be a safe learning environment, and you won't have them do tasks they are not ready for.
 - Provide information about the schedule and rotation, so they know when they will be working. Ask them to check their schedule according to the care home. For example, VCH staff check on ONEVCH mySchedule.
 - Specify who to contact for absences and how to report to the absence call line.
 - Explain the dress code in the workplace.

Discuss the following with them:

- Inquire about their work experience in healthcare or any previous careers.
- Explore their perceived strengths and weaknesses.
- Ask about the specific support they are seeking from you.
- Understand their expectations for the mentorship.
- Inquire about their preferred method of receiving feedback (mid-way, end of day etc.)
- Discuss areas of interest mentee would like to focus on during the mentorship.



Preparing the Unit

Introduce the mentee to the health care team (RN, LPN, Social Worker, Physiotherapist, Occupational Therapist, Dietician, Speech Therapist, Recreational Therapist and Housekeeping). Request their active involvement in orienting and welcoming the mentee to the unit, as well as assisting in finding learning opportunities.

Learning Activities for the First Few Days

During the initial days, it is essential to acquaint the mentee with the unit or area and establish learning objectives. Exercise caution to avoid overwhelming them with excessive details; instead, prioritize conveying crucial information.



Recognizing and Addressing Psychological Effects in the Workplace

Working in the healthcare industry can be demanding, and various psychological effects may impact individuals in this workplace setting. Some of these effects include:

1. Compassion Fatigue:

Helpers consistently exposed to tragedies may develop compassion fatigue. Recognizing early signs, such as feeling overwhelmed or irritable, is crucial for preventing burnout and mental health issues. Signs include anger, sadness, anxiety, oversensitivity, limited stress tolerance, difficulty concentrating, and self-isolation. If a mentee exhibits these signs, encourage them to seek help for counselling. Early intervention is key.

2. Burnout:

Healthcare professionals often face high levels of stress and emotional exhaustion, leading to burnout. This can result from the intense workload, long hours, and the emotional toll of caring for persons. It is important to encourage mentees showing signs of burnout to seek help or connect with counselling services.

3. Bullying and Harassment:

Workplace bullying or harassment can have severe psychological effects on staff, leading to anxiety, depression, and decline in self-esteem. It would be best for the mentee to:

- Communicate the concern to your Supervisor, Manager or Department Head
- For VCH Staff: contact Respectful Workplace Reporting at 1-866-858-6014.

Addressing these psychological effects in the healthcare workplace involves creating a supportive work environment, providing resources for mental health support, and implementing strategies to promote a healthy work-life balance for healthcare professionals. It is essential to recognize and address these challenges to ensure the well-being of those dedicated to providing care.



C: Establishing Effective Relationships with the Mentee

Establishing a strong, trusting relationship, and mastering effective communication and conflict resolution is vital to supporting a harmonious mentor and mentee dynamic.

Building Trust:

The mentee should feel like a team member, and your teamwork should get better over time as they become more confident in using their skills and knowledge.

To build trust:

- Embrace innovative ideas brought forth by the mentee, even if they challenge established practices.
- Foster an environment of respect and acceptance by assigning meaningful tasks.
- Acknowledge the mentee as a valuable team member, ensuring they are seen positively and not as a hindrance to the work unit.
- Embrace honesty, acknowledging when you do not have answers.
- Offer support when needed without fostering dependency.
- Understand the individual, address details, uphold promises, clarify expectations, maintain consistency, demonstrate personal integrity, and apologize when necessary.
- Model professional and respectful conflict resolution.

Effective Communication:

- Prioritize listening before responding, seeking understanding before seeking to be understood.
- Before reacting, clarify your understanding of the message by paraphrasing to confirm accuracy: "What I heard you say was... Is this correct?"
- Be mindful of non-verbal cues; maintain eye contact and avoid distractions while listening.
- Pay attention to the mentee's body language.
- Be generous in offering praise, support, and encouragement to the mentee.
- Provide feedback in a gentle and constructive manner when evaluating their performance.
- Recognize that frequent and ample communication is key; while they may forget the words, they will always remember how you made them feel.



Effective Conflict Management:

- Address issues by focusing on the problem, situation, and behavior rather than criticizing the person.
- Seek understanding by asking questions rather than making assumptions.
- Express your feelings professionally and respectfully, even if faced with reciprocated negativity.
- Evaluate if you may contribute to the problem and take ownership of your role.
- Gain insight into mentee's perspectives by actively listening, even if you disagree.
- Revisit expectations and initial agreements about the learning experience, considering any changes in circumstances.
- If conflicts persist, consult the Nurse Educator and, if necessary, involve the Manager
- Maintain open communication, recognizing that most problems in a mentor/mentee relationship stem from a lack of communication.

Providing Constructive Feedback

Providing effective feedback is a crucial skill for mentors. While it may feel awkward initially, practice can make it more comfortable, and its benefits become clear.

Common reasons mentors hesitate to give feedback include:

- Concerns about hurting the mentee's feelings or upsetting them.
- Belief that feedbacks is not necessary because the mentee will figure it out on their own.
- Perception of feedback as criticism or judgment.
- Uncertainty about how to deliver feedback.

When you avoid giving proper feedback, unintended consequences may arise:

- The mentee may feel that what they do is not genuinely important or valued.
- Lack of accountability.
- Increased mentee anxiety as they are unsure about their performance.
- Limited learning opportunities.
- Assumption that they are doing things correctly, even if they are not.

Effective feedback is crucial for the learning process. Here are tips for giving feedback:

1. Characteristics of Effective Feedback:

- Behavior-Focused: Concentrate on the behavior, not the person.
- Targeted: Aimed at something important and changeable.
- Specific: Be specific about what you saw, avoiding general or ambiguous statements. Keep it concise.



2. Timing and Delivery:

• Timely: Given at the time of observation, not delayed. Avoid providing feedback in front of others or when emotions are high. Provide feedback at the earliest opportunity, seeking the mentee's permission.

3. Giving Feedback:

- Set Expectations: Let your mentee know you will regularly provide feedback.
- Use I Statements: Frame feedback using "I noticed" or "I thought" to keep it personal.
- Advocacy and Inquiry Method:
 - Introduce: Share what you would like to talk about.

 Example: You noticed your mentee was on the phone during morning huddle.
 - Describe Observations: What did you notice?

 Example: "I noticed that you were on your cell during the morning huddle and not actively participating."
 - Express: Ask yourself why you are giving this feedback
 Example: "It seemed that you were preoccupied and did not hear the report from
 the previous shift. I am concerned that you will miss out on key information
 that is vital for the Persons we are caring for."
 - Ask: Be curious and practice with good judgement. Example: "Is everything okay? What were your priorities at that time?" (there could have been a family emergency, sick child, etc.)
- Allow for a pause/moment of silence for the mentee to process the information.
- Constructive, Not Destructive: Ensure feedback is constructive, fostering a supportive learning environment where mistakes are seen as opportunities for improvement.
- Importance and Changeability: Focus on things that are important and changeable for effective feedback.

Performance Concerns:

- If there are performance concerns or issues, it is important to address them promptly and constructively.
- Ongoing feedback should already have covered any concerns raised in a written evaluation.

Understanding these distinctions helps create a transparent and supportive learning environment, ensuring that mentees are well-informed about their progress and any final evaluations.



D: Developing Teaching and Learning Relationships

We all have certain ideas about how we should teach. Sometimes we might not be aware of them, but it can be useful to think about what we believe about teaching and learning.

Here are examples of beliefs about teaching and learning:

- Anyone can do well if they try.
- I know everything, and others should learn from me.
- People I teach need help with their own learning I am just here to help.
- People will learn best if they watch me.
- I managed with less help when I started, so they should too.

When mentees start learning in a real setting, they might have wrong ideas that make learning harder. For example:

- They might think they should only listen and not ask questions.
- They might expect you to tell them everything they need to know.
- They might worry about getting in trouble if they give the wrong answer.

Talking with your mentee about what you expect from each other can help make things clear and help everyone learn better.

Stages of Reality Shock:

Sometimes, when new workers start a job, they experience something called "reality shock." This happens when the things they learned prior do not match up with how things are done at work. Almost all new employees go through four stages of reality shock: honeymoon, shock, recovery, and resolution (according to Marlene Kramer, PhD, RN, MSN, BSN).

Knowing which stage of reality shock mentees are in can help you plan how to help them better. You should adjust your approach based on where they are in this process. It is essential to remember that this adjustment is a normal part of starting a new job. Your support is crucial to help them get through the phases.



Honeymoon Stage:

This is the first phase of getting used to something new, and it is typically easy to notice. Here is what happens:

- The mentee feels very excited and eager to learn new role
- Fun stage
- The mentee might only see that everything is great and that they have finally achieved their goal.

This is a normal part of adjusting, and it helps the mentee stay hopeful and energetic for the challenges and stress ahead. It also helps them make good connections with others in the group.

Things for you to do during this phase:

- They might feel overconfident- help them stay grounded.
- Have them set 2-3 realistic goals.
- Go through what needs to be learnt at present and what can wait for another time.

Shock Stage:

This part is quite different from the honeymoon phase. It might occur because of making a mistake or receiving negative feedback. Or it could happen without any specific reason. During this stage, the mentee might:

- Feel unmotivated and lack confidence.
- Coping with negative feelings like frustration, fatigue
- Seem discouraged and disorganized.
- Start doubting themselves, wondering if they can complete the Health Career Access Program or continue working as a Health Care Support Worker.

What to do during this phase:

- Listen to their concerns.
- Do not give them difficult tasks or set tight deadlines.
- Remind them that we have all experienced this phase.
- Focus on their successes and remind them of how far they have come.
- Provide problem-solving strategies and be supportive. Avoid giving messages like "snap out of it" as it will not help.



- Realize that some people keep their fears inside, so signs of shock might not be visible right away.
- Be open about the possibility that this might not be the right unit for them, and they will find their perfect place.

Recovery Stage:

In this phase, the mentee " is finding more balance in how they see and experience things. They know there are some not-so-great parts about the job, work, or setting, but they are getting better at handling it all. As their skills and knowledge grow, they are starting to have more success and feel more confident.

Here is what you might notice:

- They are cautiously optimistic, thinking, "This might be possible."
- They are learning again, asking questions, and taking the lead.
- They seem more energetic, and their sense of humor comes back.

What to do during this phase:

- Support and confirm their efforts in critical thinking.
- Keep reminding them of how they are progressing and what they have learned.
- Start providing more detailed feedback as they become ready to hear and manage it.
- Set new goals as their energy comes back.

Resolution Stage:

In this part, the person who has been learning has found a good balance about the work. They now understand and accept both the good and not-so-good parts of their role. There is a sense of "belonging" or feeling familiar. This stage often happens after finishing the mentorship.

Here are some things to do during this stage:

- Show them the processes and procedures if they want to make changes in how they do things.
- Help with any remaining problems and assist them with finding solutions for anything challenging at work.
- Reassure them that as their career goes on, they will learn more about their strengths and interests. Eventually, they will find the perfect place for them if they feel this work setting is not where they want to be.
- Keep in mind that every time we change roles, we might go through these strategies again. If you are a new mentor, you might even see signs of the honeymoon or shock stages in yourself.



Learning Styles:

Learning is an active and ongoing process, and everyone has their own way of learning. When you adapt your teaching to match how they learn, they can become good at their job faster and remember more information.

Here are some things to keep in mind:

- Ask them how they learn best. Some people like reading, others prefer listening, some learn by watching, and others like to get direct experience.
- Give them time to learn at their own speed and in their own way. Also, allow time for them to think about what they are learning.
- Let them try out their ideas, learn from mistakes, and be creative.
- Use diverse ways of teaching to cover the several styles of learning.
- If it seems like they are not making progress, meet with them and see if there is a unique way of teaching that might work better for them.

Everyone develops their unique teaching style over time.

Gaining wisdom from errors

Mentees need to actively take part in the clinical setting to gain confidence, and it is natural for mistakes to happen as part of the learning process.

Here are some tips:

- Create an environment where mentees feel comfortable admitting they lack knowledge, skills, or have made a mistake. Encourage them to ask questions.
- Share stories about your own mistakes. This shows that it is okay to admit and learn from errors and helps mentees see that improvement is possible, even if you made mistakes in the beginning.
- Be okay with the idea that mistakes can happen and that they can be valuable learning experiences.
- Plan with the mentee how to manage mistakes, whether it's using a signal or stepping in without making a big deal. If you must intervene in a procedure, do it calmly to protect the person from harm and the mentee from embarrassment.
- Correct errors promptly and quietly. Try to avoid correcting in front of the person or other staff. If there is a serious mistake, address it immediately and follow up to understand what went wrong. While rare, in such situations, the person's well-being should be the priority over the mentee's learning needs.



Teach-Back

A way to make sure information is clear:

- It tests the person providing the information, not the one receiving it.
- It is the most effective way to help someone understand the information.

How to use Teach-Back:



- 1. Share your information or instructions.
- 2. Ask if they can explain it back or show how they will follow your instructions. For example:
 - "Can you tell me what we just discussed to check if I was clear?"
 - "When you talk to a family member later, what will you say about what we discussed?"
- 3. Observe or listen to confirm if their understanding matches your intended message.
- 4. If there's a mismatch, go back to step one, rephrase, or add to your information to enhance clarity.

Key Points:

- The responsibility is on the person giving information to ensure clarity.
- Use Teach-Back periodically, especially when conveying multiple important messages.
- Chunk and Check- share a small amount of information, then use Teach-Back to confirm understanding before continuing to the next part.
- Avoid asking, "Do you understand?" as people may say yes even if they do not comprehend or understand differently than intended.

Tips for Using Teach-Back:

- 1. Use plain language:
 - Use simple, everyday language to ensure better understanding.
- 2. Try pictures or drawings:
 - Visual aids can enhance comprehension, so consider using pictures or drawings to illustrate key points.
- 3. Write key points down:
 - Provide a written summary or key points to reinforce the information.



4. Create a system for Teach-Back:

• Establish a clear system for when and where Teach-Back will occur and decide who will manage it. This ensures consistency in the communication process.

Suggestions and Insights:

Here are valuable tips from experienced mentors:

1. Empathy:

 Recall your feelings of incompetence when starting a new job. Understanding the new mentee's potential overwhelm can guide your approach.

2. Listening:

- Pay attention to what the mentee wants to learn, ensuring the teaching aligns with their needs, not just what you want to teach.

3. Clear Expectations:

- Take time initially to clearly explain expectations, reducing anxiety for the mentee.

4. Individualization:

- Recognize the uniqueness of everyone, adjusting your teaching approach accordingly.

5. Mutual Learning:

- Learn from your mentee; embrace the opportunity for mutual learning.

6. Patience:

 Be patient and understanding, avoiding the urge to rush through the teaching process.

7. Post-Shift Review:

- Allocate 10 minutes at the end of each shift to review what was learned, address questions, and set goals for the next day.

8. Safe Practices:

- Share safe shortcuts while emphasizing the importance of following proper procedures with all steps.

9. Adjusting Pace:

 Recognize that mentees may not perform tasks as quickly as you can; patience is key.

10. Resource Sharing:

- Share your organizational tools like "cheat sheets" or methods for prioritizing care.

11. Post-Mentorship Support:

 Stay open and available even after the mentorship period has ended, providing ongoing support.

These insights from experienced mentors aim to foster a positive and effective learning environment for the mentees.



Tools





What an HCSW Can and Cannot do?

The following examples aim to provide guidance on the roles and responsibilities of HCSWs by clarifying what tasks HCSWs **can** and **cannot** perform.

	HCSW Can Perform	HCSW Cannot Perform
Communication and Documenting	 Check assignment and note any information needed for your shift (i.e., which Person is on isolation precautions, Purple dot- aggressive alert) Communicate with HCA/Nurse whenever leaving floor or going on breaks Report concerns and observations from shift to team prior to leaving at the end of your shift 	 Cannot document on behalf of others Cannot create or modify the Care Plan Cannot document in the clinical chart (online or on paper) Cannot complete PSLS report
Assess The Person Needs	 Provide support to the Person where required and ask about their needs; report observations to supervisor or team Welcome visitors and families; keep the Person engaged while promoting interactions with family and friends Provide assistance and encourage participation with social and recreational activities Identify and report unsafe conditions, any behavior and/or physical changes to designated supervisor Assist with reading and with virtual visits (set up technology) 	 X Cannot perform tasks for guests or visitors X Cannot perform tasks for the Person not listed on the Care Plan X Cannot do glucometer readings X Cannot take blood pressure, temperature, pulse, respirations, height, and weight



	HCSW Can Perform	HCSW Cannot Perform
Ambulation	 ✓ Walk alongside the Person ✓ Encourage and set up the Person to do exercises that do not require hands-on assistance ✓ Assists with transporting the Person to designated areas (i.e., walk alongside as a guide or pushing a wheelchair) ✓ Encourage participation in activities 	 Cannot assist the Person with individualized exercise programs Cannot transfer with or without mechanical aid Cannot reposition in bed with or without mechanical aid Cannot direct or supervise exercises that require hands on assistance
Person needs/ADL's	 Smile and be welcoming to the Person and their families Establishes rapport with the Persons and families Can OBSERVE direct care with consent (bed baths, showers, incontinence care, toileting, oral care, catheter care) Sets up supplies and equipment (i.e., laying out clothes and personal hygiene supplies within reach for those who can wash and dress without handson support) Hand items to HCA while the HCA provides care (washcloths, towels, clothes) Place blanket or shawl on tap or over shoulders Painting nails Clean up room after care (change bed linens, declutter, empty full laundry carts, restock room) 	 Cannot brush hair, drying hair, braiding, or curling hair Cannot provide or assist with personal care activities such as grooming, shaving, oral hygiene, cutting nails, bathing and showering Cannot assist with dressing or undressing the Person Cannot provide 1:1 care for the Person



	HCSW Can Perform	HCSW Cannot Perform
Elimination	 Can bring necessary supplies to for those who are able to direct and perform own care 	X Cannot help with any hands-on activities related to elimination
Medications		X Cannot assist with preparing, administering medications and/or delegation of tasks surrounding medications
Nutrition	 ✓ Assists with mealtime activities; setup; welcomes and\or transports the Person to dining areas ✓ Accompany the Person during the meal times through sitting, socializing; and conversing and\or engaging with the Person ✓ Distribute and collect trays ✓ Assists with limited food preparations such as heating prepared food, making tea, coffee, toast, sandwiches ✓ Assist the Person in opening food items (coffee creamers, opening jars) ✓ Assists in cutting food when the Person is able to direct care ✓ Assist the Person in securing second helpings of food or fluids ✓ Transports trays to the Person in their room if directed by supervisor ✓ Notify care provider if the Person needs to use bathroom ✓ Assist with delivery of snacks and nourishments ✓ Support Person to complete hand hygiene, apply or remove Person's clothes protector-before and after activities and meals 	 Cannot assist with eating and/or feeding the Person Cannot administer feeds



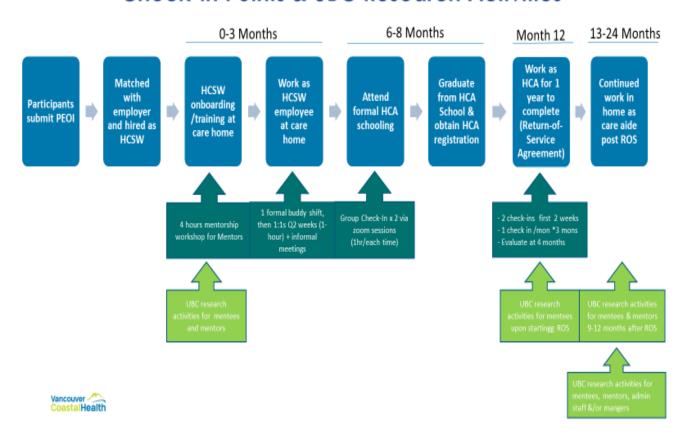
	HCSW Can Perform	HCSW Cannot Perform
Assisting to provide care and/or treatment	 Retrieve wheelchairs or other specific walking aides for staff or the Person Work with care team to provide supplies needed for personal care, activities, and procedures i.e., set up wash basin, supply towels and linens 	X Cannot assist or perform hands-on treatment to the Person
Oxygen and Respiratory care needs	 Observes the Person and their environment to identify and report unsafe conditions to designated supervisor 	X Cannot assist with applying, adjusting, removing oxygen devices
Discharge or Transfer	 Assists with transporting the Person to designated areas in wheelchair/walking along-side Gather and pack the Person's belongings and equipment or supplies 	 Cannot assist with restocking medication or crash carts Cannot take orders from physicians Cannot respond to phone calls regarding blood work, test results, new orders etc. Cannot perform heavy housekeeping duties or clean any bodily fluids or environmental spills
During a Code Blue	 Answer call bells Keeping area clear Communicate urgent messages to the appropriate team member Keep other Person(s) occupied during the code 	X Cannot perform direct care

Any direct clinical care that requires HCA certification is out of the competency for HCSWs due to legality and safety concerns.



Check-in Points and UBC Research Activities

Check-in Points & UBC Research Activities





Check-in Tracker

Utilize this table to record details from your check-ins with the mentee, including updates on their progress and any outstanding action items that need to be addressed.

DATE	TIME	LENGTH OF CHECK-IN	MODE OF INTERACTION (in-person, virtually, email, phone, text)	COMMENT/NOTES



Sample of First Week Schedule

Date	Activity
Monday, March 18, 2024	Start Provincial Online Orientation [Asynchronous]
Tuesday, March 19, 2024	Continue Provincial Online Orientation [Asynchronous]
Wednesday, March 20, 2024	Finish Provincial Online Orientation [Asynchronous]
Thursday, March 21, 2024	FOODSAFE - Student to Book
Friday, March 22, 2024	Standard First Aid/CPR-C - Student to Book
Monday, March 25, 2024	Complete Regional Orientation [Synchronous]
Tuesday, March 26, 2024	Standard First Aid/CPR-C - Student to Book
Wednesday, March 27, 2024	Attend PVPC [Synchronous] in person VGH
Thursday, March 28, 2024	Site-Based Orientation [In-Person]
Tuesday, April 02, 2024	Buddy Shift 1 [In-Person]
Wednesday, April 03, 2024	Buddy Shift 2 [In-Person]
Thursday, April 04, 2024	Buddy Shift 3 [In-Person]
Friday, April 05, 2024	Buddy Shift 4 [In-Person]
Monday, April 08, 2024	Buddy Shift 5 [In-Person]
Tuesday, April 09, 2024	Work Rotation [In-Person] ->
Monday, May 06, 2024	Start School



Getting to Know the Unit

Date Completed	TASKS	Notes
Unit Routine		
	Day shift versus evening shift	
	Workload (ratio of HCA: Person in care)	
	Rest/Meal Breaks	
Communicat		
	Locate assignment board; HCA daily assignment sheet	
	Review new employee resources	
	Review absence call line and who to contact when	
	requesting leaves	
	Review how to check pay stub and schedule	
	Take part in site tour	
	Locate the clean/dirty utility room	
	Locate the staff washroom	
	Locate dining room area and diet charts	
	Locate the elevators and stairwells	
	Locate public washrooms	
	Locate exterior video intercom access	
	Locate team offices, such as manager, nurse educator,	
	social worker, physiotherapist/occupational therapist	
	Locate recreation rooms	
	Locate telephone directory for staff	
	Find union information, Stewards and Representatives,	
	MSIP and education boards	
	Locate staff lockers and washrooms	
	Locate staff room and staff break areas/common areas	
	Locate the nursing station	
	Participate in a Code White refresher drill	
	Participate in a Code Red fire drill	
	Locate nearest emergency exits	
	Locate fire extinguishers, fire suppressions, and pull	
	stations	
	Locate eyewash stations	
	Review the reporting intranet page (for reporting	
	incidents) if applicable at the care home.	
	Locate the disaster plan	



Getting ready for the workday	
Wear name tag/ID	
Review HCSW Do's and Don'ts	
Review HCSW shift routine	
Discuss assigned Persons in care; plan for the day	
Know how to contact the most responsible nurse	
Sign in on daily flowsheet (staffing)	
Learn about communication devices used on the unit	
Understand the reporting structure (manager/CNL/Peer	
Mentor)	
Review Workplace Conduct Policy	
Attend team huddles	
Safety	
Learn about the first aid station location and who to contact if first aid required	
Locate cytotoxic spill kit and hazardous chemical spill kit	
Review how to report safety concerns	
Practice culturally safe interactions with staff and	
Persons in care	
Recognize aspiration risks and what to do if someone chokes	
Review proper MSIP techniques (i.e., proper body	
mechanics when transporting person on wheelchair or	
when making bed etc.)	
Review call bell system and bed/chair alarms	
Recognize potential workplace hazards (i.e., purple dot/aggression alert, MSIP hazards, exposure to infectious agents)	
Locate and review safety communication board	
Locate PPE signage, holders, and supplies	
Learning about the Person	
Practice how to greet the person respectfully and	
warmly	
Review Care Plans	
Review charts- ADL's, diet, etc.	
Review Bill of Rights	
Understand and model Person and Family centered care	
Team collaboration/ collaborative spaces	
Participate in introductions to the care team	
Locate group workspaces	
Locate physician workspaces	



	Locate activation room, dining room, and orientate to
	mealtime activities (i.e., knowledge of wheelchair
	location, microwave for use)
	Discuss break relief and timing of breaks on the unit
	Review visitor guidelines
	Access to language translation services
Infection Pro	evention and Control
	Locate handwashing stations (soap and water and/or
	alcohol-based hand rub)
	Locate Personal Protective Equipment (PPE) and
	demonstrate proper PPE donning and doffing
	techniques
	Locate Contact precaution and Droplet precaution signs
	in the care home
Equipment a	and Supplies
	Access unit-specific equipment in unit equipment room
	(i.e., slings)
	Locate person specific slings used for shower room
	Access supplies (personal care supplies, specimen
	collection containers, wound care products, linens,
	continence products)
	Gather supplies for shower/bed bath
	Locate equipment sanitizers
	Locate tub rooms
	Locate falls and injury prevention equipment
Reporting	
	Discuss how to report unsafe
	conditions/behaviors/physical changes to primary care
	provider and know how to escalate concerns if not
	addressed.



HCSW Shift Routine

The routine below serves as an illustration shift plan for the HCSW. Collaboratively refine the plan with the mentee to create a cheat sheet that will assist in navigating their workday effectively.

Time of Day	Health Care Support Workers Tasks
0700 to 0800	☐ Attend shift report with care team
	☐ Safety checks
	☐ Make beds
	□ Porter
	☐ Replace/replenish supplies (rooms and shower)
	☐ Falls hourly checks
	☐ Remove garbage
0800 to 0815	☐ Porter Person to dining room
(Breakfast)	☐ Assist Person to designated seats
	☐ Dining room support (i.e., open/mix drinks, supply clothes protectors,
	distribute trays)
	☐ Set tables with cutlery and clothing protectors
	☐ Disinfect surfaces and common areas
	☐ Social interactions
0815 to 0830	□ 1 st Coffee break
(Break)	Report to care team when going and returning from break
0830 to 0900	☐ Place dirty dishes in appropriate area
	☐ Assist kitchen staff to clean tables and trays
	☐ Collect dirty dishes from the Person's room
0900 to 1100	☐ Make remaining beds and empty garbage cans
	☐ Prep tub/shower for morning baths by filling tub with water, ensuring
	pads, cloths, creams, shampoo, razors and warm flannels available
	☐ Clean each tub/shower after each use
	☐ Ensure tub room fully supplied
	☐ Answer call bells and assist the Person as able – no clinical tasks, refer to
	HCA as needed
	☐ Stock the Persons room with supplies
1100 to 1200	☐ Porter Person to dining room
	☐ Assist Person to designated seats
	☐ Dining room support (i.e., open/mix drinks, supply clothes protectors,
	distribute trays)
	☐ Set tables with cutlery and clothing protectors
	☐ Disinfect surfaces and common areas
	☐ Social interactions



1200 to 1230	☐ Lunch break
(Lunch break)	☐ Report to care team when going and returning from break
1230 to 1300	☐ Place dirty dishes in appropriate area
	☐ Assist kitchen staff to clean tables and trays
	☐ Collect dirty dishes from the Person's room
	☐ Porter Person to their rooms or lounge area
1300 to 1345	☐ Set out pads, creams, hip protectors, non slip socks for evening shift
	HCA's in the Person's room
	☐ Prepare tub/shower for evening baths
	☐ Prep for dinner
	☐ Answer call bells
1345 to 1400	☐ 2 nd Coffee break
	☐ Report to care team when going and returning from break
1400 to 1500	☐ Set up snack cart
	☐ Remove garbage
	☐ Safety checks
	☐ Put away laundry
	☐ Answer call bells
	☐ Monitor the Person who are wandering
	☐ Ensure equipment is plugged in and charging (vital sign machines, lifts)
End of shift	☐ Hand in keys if using
	☐ Report to incoming staff

Note: Always ask the Team for help and if you have any questions.



Point of Care Risk Assessment

A point of care risk assessment (PCRA) is a process of evaluating potential risks and hazards in a healthcare setting, particularly at the point where care is delivered. The aim is to identify and manage risks promptly to ensure the safety of both healthcare providers and the Person. The assessment is typically conducted in real-time, at the location where care is being provided, and it involves assessing various factors that could pose a risk to the well-being of individuals involved. The acronym **STEP** is used to figure out where the potential risks may be, and you can do these steps in any order.

- 1. **S**elf:
 - Ensure you are not distracted or rushing and are confident/competent in the planned task.
- 2. **T**ask:
 - Ensure you have reviewed all relevant documentation and that the Person can safely participate in the task.

3. **E**nvironment:

• Ensure the work area is clear of slipping/tripping hazards and equipment is safe to use/in good working order.

4. **Person**:

• Ensure that the Person is ready/appropriate for the planned care task.

SELF

Do I have the skill?

Am I in the right frame of mind?

TASK

Do I know how the person does this task? Has the care plan changed? Kardex? Report

ENVIRONMENT

Is the area safe?
Proper equipment and set-up?

PERSON

Is the Person safe to the do the planned task?
Has the Person's behavior changed?
Is this the right time for the Person?



Collaborative Responsibilities Between the Mentor and Mentee:

Review the upcoming pages of the tables to grasp the mentor and mentee responsibilities. Familiarize yourself with what is expected of you as a mentor.

Mentee Responsibilities	Mentor Responsibilities
You are responsible for your own learning, in collaboration with your mentor. You show initiative by:	You are responsible for the collaborative guidance and support of the new mentee. An effective mentor:
 Applying the program-wide policies, guidelines, procedures, and best practice principles Using clear, accurate and effective communication skills Completing this Peer Mentorship Guide in a timely manner Adjusting your goals based on your own self-reflection and the feedback you receive Seeking additional information and resources, as needed Recognizing your knowledge, skills and abilities within your perimeters of practice and comparing them to what you need to know, for a fulfilling connection with the person in care and their families Being accountable for the quality of care you provide Seek and be receptive to feedback The relationship with your mentor does not end once you have completed your orientation. Consider your mentor someone you may ask for guidance at any time. 	 Uses respectful communication Approachable and non-judgmental Coaches and guides Practices critical thinking skills Encourages and supports Empowers mentees to identify their own goals and needs Allows time to debrief and respond to questions as required Provide honest feedback about what went well and what needs to be strengthened Your guidance will not only provide support for learning, but it is also a good time to reflect on your own strengths and abilities. Your mentor role will continue to support your mentee in their practice, on their request, after the orientation period has ended. Thank you for supporting your colleagues during their orientation.



Care Home Lay Out

Mentee Responsibilities	Mentor Responsibilities
As you work through your orientation with your mentor, check off the actions as you find and learn them.	Introduce the mentee to the Person and the interdisciplinary team. Allow time for the mentee to review the Peer Mentorship Guide.
You show initiative by:	Consider:
□ Introducing yourself and your role to the Person and their families □ Introducing yourself to the interdisciplinary team (RN, LPN, Social Worker, Physiotherapist, Occupational Therapist, Dietician, Speech Therapist, Recreational Therapist and Housekeeping) and learn about their roles □ Locating where to find the documents and tools for your role □ Identifying competencies that requires demonstration of practice or supervision □ Being accountable for the quality of care you provide □ Complete the seek and find for the care home Recognize your knowledge, skills and abilities within your role, and compare them to what you need to know for the safe, supportive care of the Persons.	□ Providing a tour of the care home and where to report/sign in □ Assisting with orientation seek and find □ Which skills need 1:1 demonstration and practice □ Which competencies have been met and can be performed safely i.e. donning, doffing, IPAC □ Review codes and First Aid/Safety Binder □ Review where the Disaster Plan (where to meet in case of a fire, earthquake, emergency exits)



Infection Prevention and Control

Mentee Responsibilities	Mentor Responsibilities
Everyone is responsible for following the Infection Prevention and Control Practices You show initiative by:	Everyone is responsible for following the Infection Prevention and Control Practices Allow time for the mentee to:
□ Effective hand hygiene as per protocol □ Wearing appropriate personal protective equipment (PPE) according to situation (medical mask, gloves, face shield/goggles, gown) □ Displaying knowledge of donning and doffing PPE safely □ Maintaining social distancing unless providing 1:1 activity to the person □ Following routine practices and additional precautions as required (e.g., contact, airborne, droplet) □ Helping care providers set up isolation procedures □ Practicing vacant bed linen changes	Review infection control precaution signage Demonstrate and practice vacant bed linen changes Demonstrate and practice donning and doffing personal protective equipment (PPE)-medical mask, hand hygiene, social distancing Review the process for cleaning, disinfecting, and transporting soiled equipment (e.g., wheelchairs, walking aides) Sign off on skills demonstrated and performed



Equipment and Supplies

Mentee Responsibilities	Mentor Responsibilities
Your role plays an important part in supporting the Person and care team members in having the equipment and resources available when needed.	Your role is to show the mentee how to locate and safely/properly use equipment and supplies so that the mentee can contribute to the teamwork on the unit.
You show initiative by:	Allow time for the mentee to:
□ Stocking and resupplying equipment (e.g., linen carts, personal care items, PPE holders, blanket warmers, etc.) □ Assisting in simple spill response by getting wet floor sign and notifying housekeeping □ Set up communication devices for the Person virtual visits (electronic tablets, phones)	□ Review the location of equipment □ Review instructions for equipment usage i.e., how to determine placement of cushion for wheelchair i.e., which side is the front/back Consider: □ Training on sterilizing equipment after each person use



Communication

Mentee Responsibilities	Mentor Responsibilities
Team communication is crucial when caring for the Person. You show initiative by: Communicating your questions and concerns to your Peer Mentor Demonstrating effective, caring interpersonal communication with the Person, and the interdisciplinary team Learning the Privacy and Confidentiality Policy Applying conflict management strategies and using appropriate communication tools and devices	Allow time for the mentee to: Review the Communication Safety Board for alerts Review the Violence and Aggression Alert. Demonstrate verbal reporting, by describing unsafe working conditions (e.g., the Person's responsive and reactive behaviours, reporting pain, falls, and skin integrity concerns) Review the call bell system including bed and chair alarms



Person and Family-Centered Care

Mentee Responsibilities	Mentor Responsibilities
Connecting with the Person is an important part of	The mentor plays a crucial role in guiding and
your role. Show respect for others by recognizing	supporting the mentee to develop the skills and
that you are a mentee when it comes to	mindset necessary for effective and compassionate
understanding the Person's wishes and preferences.	care.
X 7 1 • • • • • • 1	
You show initiative by:	Allow time for the mentee to:
☐ Introducing yourself and your role to	Anow time for the mentee to.
the Person in care and families	☐ Review the location of the
☐ Promoting Person-/family centred care	Resident's Bill of Rights and read
☐ Displaying a non-judgement approach	through the document.
☐ Respecting the individuality, diversity,	☐ Review the Persons care plan/other
and dignity of the Person and their	documents to get to know the
families	person.
☐ Encouraging family involvement as	☐ Review the bath schedule.
appropriate	☐ Under the direction of the
☐ Promoting comfort and rest for the	Recreation Therapist or Activity
Person in care	Worker, provide items for the
☐ Helping the Person with activities that	person to engage with
matters to them, under the direction of	Review beverage and snack rounds
the Activity Worker/Rehab Assistant ☐ Including the Person and their family	☐ Review meal delivery ☐ Review binder for
in decisions and choices	modified/therapeutic diets
☐ Offering support, guidance, and	modified/therapeutic diets
compassion	
<u>r</u>	



Person and Family Safety

Mentee Responsibilities	Mentor Responsibilities
Everyone has a responsibility to contribute to a culture of safety, with effective communication and teamwork, we create an awareness of safety risk. You show initiative by:	The mentor's role is to guide and educate the mentee on best practice and principles to ensure the safety and well-being of individuals and their families. Allow time for the mentee to:
 □ Reviewing the Safety Communication Board at the beginning of each shift □ Participating in the Violence Risk Assessment (VRA) □ Completing the Point of Care Risk Assessment (PCRA) □ Identifying when a crisis intervention skill is necessary and responding to it applicably. □ Review Indigenous Cultural Safety with your mentor (i.e., learning hub courses) □ Supporting the Person's safety and independence 	□ Review the Violence and Aggression Alert □ Promote and encourage cultural awareness including Indigenous Cultural Safety □ Review steps for contacting security/police in the event of a Code White □ Review the Fire and Evacuation Plan □ Review what the role of the mentee would be in the event of a Code Blue



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